



# Building on the Past

Background paper 1

The Independent Panel for Pandemic Preparedness and Response

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The  
Independent  
Panel  
FOR PANDEMIC  
PREPAREDNESS  
& RESPONSE



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This paper has been prepared by the Secretariat to the Independent Panel for Pandemic Preparedness and Response as background for the Panel. The views expressed herein do not necessarily represent the views of the Panel.

## Summary

All of the previous panels and commissions included in this analysis have identified similar gaps and challenges in the outbreak / pandemic preparedness, alert and response system, both on the international and national level. Their recommendations can be categorized in four key areas: WHO, International Health Regulations (IHR), Global Health Security and Global Health Governance.

The reports of most of the panels concluded that **WHO needs to strengthen its role as the leading and coordinating organization** in the field of health, focusing both on its normative work, but also by building up unified, effective operational capacity for health emergencies. Using the momentum, the Ebola outbreak in West Africa in 2014/2015 had created, WHO established its new Emergency Programme in 2016, working across all levels of the organization (HQ, RO, CO), which is often a weakness in many other areas of WHO's work. Despite all recommendations made by the expert groups, panels and some key member states, WHO's financial situation remains difficult. The WHO Contingency Fund for Emergencies, despite being not sufficiently filled by the member states, is one of the only steps forward here. WHO is also involved in the Coalition for Epidemic Preparedness Innovations (CEPI) and has strengthened its science division, including creating a new post of a Chief Scientist in its leadership team.

The **functioning of the International Health Regulations** remains a key challenge for WHO and the global response to outbreaks and pandemics. As most of the panels in this analysis emphasized, many countries have not yet fully implemented the IHR by adopting adequate national legislation to ensure sufficient support for health and non-health measures to detect, prevent and respond to outbreaks in line with the IHR. According to the IHR Review Committees and other expert panels, a number of challenges exist in this area: national core capacities need to be build up and strengthened, financially supported by international actors and donors; national action plans need to be developed, national IHR focal points nominated ensuring rapid communication and coordination, reporting, monitoring and evaluation processes need to be streamlined and strengthened; external and peer-review assessments should be encouraged; notification and alert systems (e.g. PHEIC) need to be revised and a transparent, politically protected Standing IHR Emergency Committee set up among a number of other recommended measures. Despite many of these having been considered and discussed in the WHO governing bodies throughout the past years, many of these suggestions have not been implemented yet. Given the fact that the last revisions of the IHR have taken almost a decade of difficult negotiations, member states seem to be reluctant to open the IHR again despite all the previous warnings about possible pandemic situations by the expert panels and many other stakeholders and the current pandemic making them real.

Some of the expert panel's reports also reflect on **the overarching field of Global Health Security**, calling, for example, for the development of a Global Strategic Plan to improve public health preparedness and response; for the UN General Assembly to create a high-level council on public health crisis; for the UN, WHO and the International Financing Institutions to develop a mechanism for sustainable financing of global health security; and for national governments to strengthen their

national capacities for health emergency preparedness and response. In addition, some panels suggested to ensure that community attitudes and perceptions are being observed and responded upon from the outset of an outbreak. The level of implementation of these recommendations varies, especially since some recommendations are rather broad, take years of negotiations and / or financial commitments by national governments and international donors.

This also applies to the recommendations made by the expert panels concerning the field of **Global Health Governance**. To sustain high-level political attention through a Global Health Committee of the Security Council, to agree on an international framework for health emergency preparedness and response, incorporating the IHR, and to ensure financial support both by securing the ODA for health and by creating a Pandemic Emergency Financing Facility (PEF) within the World Bank. The latter had been created in a relatively short time as a scheme designed to help the poorest countries to deal with large-scale disease outbreaks, but it did not fulfill its promises during the current pandemic.

Improving government transparency and accountability, empowering citizens and strengthening civil society as well as addressing and taking into account the gender dimensions within outbreak preparedness and response efforts, are **additional key recommendations** made by various of the panels included in this short analysis. Many of the recommendations and proposals made by the panels are ambitious, many are rather general, and most do not include clear indicators to measure the level of their implementation. The Global Preparedness Monitoring Board has chosen such an approach and is monitoring and evaluating the progress made in the areas of their recommendations.

The **degree of these recommendations being considered, adopted or implemented** until today, is varying a lot. It is important to note that about half of all recommendations were rather general (e.g., “strengthening WHO”) and that about one third of the panels and commissions included into this analysis have either just published their reports and recommendations since 2019 or have only published interim results so far (e.g., current IHR Review Committee). In addition, it normally takes months and years of discussions and negotiations within the multilateral contexts, such as the WHO governing bodies, before recommendations are being translated into policies, adopted and implemented. The overall assessment is that only minor part of the recommendations have been fully implemented as of today.

During the past 12 months, national and international actors were clearly more focused on the direct responses to the COVID-19 pandemic, rather than to debate on major structural and functional changes within a global health crisis situation. Furthermore, important debates on the international level did not make much progress due to ongoing geopolitical tensions, some key countries turning away from multilateralism.

#### ***What factors made adopting some of these recommendations more or less possible?***

The key recommendations highlighted in this analysis, that were adopted, had four main factors in common:

- 1) a crucial momentum (e.g., the Ebola crisis in West Africa), leading to
- 2) an amplified political attention to global health security on the national and international level,
- 3) allowing an increase in available financing (e.g., CEPI, PEF), while
- 4) avoiding difficult and lengthy negotiations (e.g., by not touching the IHR).

In addition, continued **observations** of the processes (discussions, implementation, monitoring and evaluation) as well as a **communication, outreach and advocacy strategy** appear to be beneficial to keep up the momentum and political attention, to (indirectly) support possible negotiation processes and fundraising activities. Otherwise, there is a clear risk of reports and recommendations being shelved rather quickly.

For a deeper analysis of some of the more specific recommendations (e.g., on WHO reforms, national responses, vaccine manufacturing or communication issues), the Independent Panel secretariat will be providing additional analysis

COVID19 should be the final reason for the global community to strengthen the global and national pandemic preparedness and response systems, to increase resources for their implementation and for establishing well-functioning monitoring, evaluating and accountability mechanisms.

## Background

The COVID19 pandemic has clearly shown again that the world has not been sufficiently prepared for preventing, detecting and responding to disease outbreaks. WHO, the international system as a whole, and many countries in all world regions and independent of their wealth, have been seriously affected by the direct and indirect impacts of SARS-CoV2, because of a lack of preparedness, including a lack of implementation of and adherence to the International Health Regulations (2005) despite these being a binding instrument of international law.

Following the H1N1 pandemic influenza in 2009, which killed an estimated 300.000 people, WHO convened a new review of the functioning of [International Health Regulations \(IHR\)](#). The IHR, as an overarching legal framework defining countries' rights and obligations in handling public health events and emergencies with the potential to cross borders, were initially adopted by the WHA in 1969 and amended in 1973 and 1981. Recognizing the growing risk of emerging diseases in a more and more globalized world, the World Health Assembly called for a substantial revision of the regulations in 1995 ([WHA48.7](#)). Following an extensive preparatory and participatory process over the following years, the emergence of severe acute respiratory syndrome (SARS) created the momentum for a revision of the IHR and the WHA established an intergovernmental working group in 2003 (open to all WHO Member States) to review and recommend a draft revision of the Regulations to the Health Assembly.

The revised IHR (2005) were finally adopted by the Fifty-eighth World Health Assembly in 2005 and entered into force on 15 June 2007 (2). The IHR Review Committee has been assembled four times since then:

- 2009: Review Committee on the Functioning of the International Health Regulations (2005) in relation to Pandemic (H1N1)
- 2014: Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation
- 2014: Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response
- 2020: Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response

Following the Ebola outbreak in West Africa in 2014/2015 WHO also commissioned panels to evaluate its work and make recommendations for reform:

- 2016: Director General's Advisory Group on Reform of WHO's Work in Outbreaks and Emergencies
- 2016: Ebola Interim Assessment Panel

The work of these committees and panels led into the establishment of the new WHO Emergency Programme in 2016, including the creation of the Independent Oversight Advisory Committee for the WHO Health Emergencies Programme, which has presented three main reports in 2016, 2019 and 2020.

The United Nations Secretary General’s UN High-Level Panel on the Global Response to Health Crises in 2016 issued several recommendations in its report on “Protecting humanity from future health crises” (A/70/723). This was followed by a UN Global Health Crises Task Force in 2017 to support and monitor the implementation of the recommendations of the High-level Panel on the Global Response to Health Crises.

In addition, the Global Preparedness Monitoring Board (GPMB), which was co-convened by the World Health Organization and the World Bank Group and formally launched has published two main reports so far:

- 2019 Annual Report, A world at risk
- 2020 Global Preparedness Monitoring Board, Annual Report, A World in Disorder

Some academic groups have been working on outbreaks, pandemics and other Global Health security issues in recent years, too, e.g.,

- 2016 Commission on a Global Health Risk Framework for the Future
- 2015 Lancet Independent Panel on the Global Response to Ebola (Harvard, LSHTM)
- 2020 Lancet COVID-19 Commission

In the following **analysis** key recommendations from these previous panels and committees are being discussed. In addition, the degree of these recommendations being considered, adopted or implemented, as applicable, are being examined. It is important to note at this point, that about half of all recommendations were rather general and that about one third of the panels and commissions included in this analysis have either just published their reports and recommendations since 2019 or have only published interim results so far (e.g., current IHR Review Committee). For a deeper analysis of some of the more specific recommendations (e.g., on WHO reforms, national responses, vaccine manufacturing or communication issues), the Independent Panel secretariat will be providing additional analytical documents.

The **Annex** to this document summarizes the work of the key commissions and panels working on outbreaks, pandemics and the International Health Regulations among other related aspects are presented with their structure, function and key recommendations in four main areas: WHO, IHR, Global Health Security and Global Health Governance.



## Analysis

The key recommendations made by the different panels and commissions were further analyzed and re-arranged into main areas and according to the time of their release as well as on their level of implementation. About half of the listed recommendations were rather general (e.g., “Strengthening of WHO”), so the implementation level was difficult to determine here. The main areas covered by the previous panels and commission were then aligned with the key areas in the Programme of Work of the Independent Panel.

### 1. Impact and Epidemiology, including surveillance and alerts

The Global Preparedness Monitoring Board recommends that *“national leaders and leaders of international organizations and other stakeholders take early decisive action based on science, evidence and best practice when confronted with health emergencies. They discourage the politicization of measures to protect public health, ensure social protection and promote national unity and global solidarity”* ([GPMB 2020](#)).

#### **Surveillance**

WHO and its Member States are being encouraged to develop options for standard procedures and timelines for **sharing of sequence data, specimens, and medical countermeasures** for pathogens other than influenza ([GPMB 2019](#)). In addition, rapid sharing of public health and scientific information and data should be improved.

#### **IHR Emergency Committee**

Some panels and commissions highlighted the need for improving practices for the appointment of an Emergency Committee. The Lancet Independent Panel on the Global Response to Ebola recommended in 2016 a broadening of the responsibility for emergency declarations to a transparent, politically protected **Standing Emergency Committee** ([Lancet 2016](#)). Critics have emphasized that by simple and “overdue” changes by WHO of the key decision-making processes (e.g., by livestreaming the IHR EC discussions), the international community could get critical insights into an unfolding public health crisis and the response to it. This would also strengthen the legitimacy of the WHO and reduce possible political influence ([BMJ 2019](#)). In addition, it was suggested to reinforce the evidence-base for decisions on international travel and trade ([IHR RC 2011](#)).

#### **Alerts / Public Health Emergency of International Concern (PHEIC)**

The WHO Ebola Interim Assessment Panel 2015 emphasized the need to identify incentives for countries to notify public health risks to WHO and disincentives to discourage countries from taking interfering measures (e.g., trade, traffic). The panel also suggested to consider an intermediate level of PHEIC, instead of continuing to use the limited, binary system ([EIAP 2015](#)). In 2020 the IOAC re-emphasized this need for a graded PHEIC system with clear criteria and practical implications for countries, to make it possible to alert and engage the wider international community at an earlier stage in a health crisis

([IOAC 2020](#)). The GPMB recommends the development of intermediate triggers by WHO to mobilize national, international and multilateral action at earlier stages of an outbreak. These would complement existing mechanisms for later and more advanced stages of an outbreak prior to a declaration of a PHEIC ([GPMB 2020](#)).

It has also been suggested that mechanisms should be developed to rapidly address unilateral action by states and others, which are in contravention of temporary recommendations issued by WHO as part of a PHEIC announcement. In addition, WTO and WHO should convene an informal joint commission of experts to study possible measures in order to strengthen coherence between IHR and the WTO legal frameworks regarding trade restrictions imposed for public health reasons ([UNHL 2016](#)). Similar calls, e.g., for a WHO–WTO forum to promote optimal economic–public health pandemic response, have been made following earlier pandemics, too ([JPHP 2012](#)). The WTO has been criticized for “*not reacting sufficiently quickly or vocally to respond to measures imposed by Members to guarantee the global movement of essential goods during the early months of the pandemic*” ([Phelan A, Katz R, 2020](#)).

## 2. Recommendations and the International Health Regulations (IHR)

### International Health Regulations (IHR)

Most panels and commissions emphasized the need for strengthening WHO’s capacity and partnerships to implement the IHR and to respond to health emergencies. In 2016 the IHR Review Committee recommended to implement rather than to amend the IHR and suggested the development of a “*comprehensive, time-phased, prioritized plan for continued implementation and maintenance of the IHR to guide longer-term capacity development for the IHR*”. In its 2020 report the GMPB summarizes the key recommendations for proposed amendments to the IHR ([GPMB](#)). These should include:

- Strengthening early notification and comprehensive information sharing
- Intermediate grading of health emergencies
- Development of evidence-based recommendations on the role of domestic and international travel and trade recommendations
- Mechanisms for assessing IHR compliance and core capacity implementation, including a universal, periodic, objective and external review mechanism.

In its intermediate report the IHR Review Committee for the COVID-19 pandemic response highlighted the need for **adequate national legislation** ensuring sufficient support for health and non-health measures to detect, prevent and respond in line with IHR (2005).

### IHR core capacities

Various commissions highlighted the need to **develop, foster and accelerate the implementation of IHR core capacities and infrastructures** in countries. UN High-Level Panel on Global Response to Health Crisis urged Member States parties to the IHR, to ensure their full compliance with the IHR core capacity requirements by 2020 with support through international cooperation ([UNHL 2016](#)).

These processes should be led and supported by WHO and should be aligned with national plans for **health systems strengthening**. Financing issues and the lack of implementation and reporting in a number of countries remain challenging. It was suggested that states parties, stakeholders, and donor programmes should be encouraged to provide technical and financial assistance as needed.

The development of a **global strategy for financing, monitoring and sustaining national core capacities** has been suggested by a number of commissions. It was suggested that the DG of WHO should lead urgent efforts to build the IHR core capacities by mobilizing financial and technical support in partnership with the World Bank, regional development banks, other international organizations, partners, foundations and the private sector ([IHR RC 2016](#)). Most fragile countries, and areas within countries, should be identified to provide core IHR capacity strengthening as part of a broader package. This should be funded as a **global public good** via an international pooled fund presided over by the World Bank and WHO ([IOAC 2019](#)).

In 2015 the WHO Ebola Interim Assessment Panel suggested to discuss a possible **co-financing by the World Bank**. In its **COVID-19 Strategic Preparedness and Response Program** ([WB April 2020](#)) the World Bank states that it *“is committed to support at least 25 IDA countries to implement pandemic preparedness plans through interventions (including strengthening institutional capacity, technical assistance, lending and investment)”*. The Program would also be aligned with its *“support for national plans and global commitments to strengthen pandemic preparedness through three key actions under Preparedness: (i) improving national preparedness plans including organizational structure of the government; (ii) promoting adherence to the International Health Regulations (IHR); and (iii) utilizing an international framework for monitoring and evaluation of IHR.”*

The IHR Review Committee stated in 2016 that states parties having indicated to have met the minimum core capacity requirements should be commended for their efforts, that state parties who asked for an extension period should be granted this and that other state parties should be reminded of the importance of transparency ([IHR RC 2016](#)).

### **National Focal Points**

Most of the panels and recommendations emphasized the need to strengthen National IHR Focal Points (NFP), as their authority and available resources would be critical, especially during health crisis situations. Countries should therefore review, strengthen and empower NFPs to enable effective performance of key IHR functions, facilitate decision making and ensure high level support for multi-sectoral communication and cooperation ([IHR RC 2016](#)).

### **IHR Reporting**

According to the Lancet Independent Panel on the Global Response to Ebola incentives for early reporting of outbreaks and science-based justifications for trade and travel restrictions should be strengthened ([Lancet 2015](#)). The IOAC recommended that the WHO Secretariat should further streamline the reporting process and the support for countries in strengthening their capacity to report

on the information required under the IHR ([IOAC 2020](#)). This is supported by the IHR Review Committee, which identified the need to further examine the IHR provisions for notification and verification of information for events. In addition, it appears to be important to gain more understanding of the reluctance of some countries for early reporting and to identify incentives or other approaches to ensure better compliance ([IHR RC 2021](#)).

### **IHR Assessments**

The great importance of functioning and reliable IHR assessments have especially been emphasized by several review panels following the Ebola outbreak in West Africa 2014-2016. It was recommended that WHO should strengthen its periodic review of compliance with the IHR core capacity requirements and that the WHO DG should consider a variety of approaches for the shorter-and longer-term assessment and development of IHR core capacities ([IHR RC 2016](#)). In addition, country performances should be evaluated through an external assessment process, which led to the development and implementation of the **IHR Monitoring and Evaluation Framework** in 2015. The IHRMEF contains four components. A mandatory Annual Reporting (through the **States Parties Annual Report–SPAR**) and three voluntary mechanisms, which are **simulation exercises** (SimEx), **after-action reviews** (AAR) and **joint external evaluations** (JEE) ([IHRMEF](#)). It was also suggested that participation should be made prerequisite for health systems funding by World Bank and other donors ([CGHRF 2017](#)).

In its 2019 report the Global Preparedness Monitoring Board suggested to national leaders, the WHO, the UN and other international organizations *“to develop predictive mechanisms for assessing multisectoral preparedness, including simulations and exercises that test and demonstrate the capacity and agility of health emergency preparedness systems, and their functioning within societies”* ([GPMB 2019](#)). The IOAC highlighted that the adequacy of JEE and other existing tools to support country preparedness must be reviewed based on the experiences during the COVID-19 pandemic. In addition, peer-review mechanisms, platforms and incentives should be launched and **anchored to the WHO governing bodies structure** in order to ensure transparency, avoid politicization, and promote the IHR and Member States’ compliance therewith ([IOAC 2020](#)).

The Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response discusses in its interim report the need to further examine preparedness capacities in relation to the observed performance within the response of many member states. This examination would need to include tools as well as approaches and mechanisms for assessing and reporting. The RC also discusses the establishment of a **peer-review mechanism**, similar to the **Universal Periodic Review** used by the UN Human Rights Council. This could be helpful for improving preparedness and response, as well as for a better compliance with States Parties’ legal obligations under the IHR. The Universal Periodic Review has proven to foster intersectoral coordination and whole-of-government approaches, to encourage good practices, and to link implementation of its recommendations with the Sustainable Development Goals (SDGs) as well as with other government agendas, all being vital for strengthening IHR core capacities ([IHR RC 2021](#)).

In addition, community-based groups should be systematically included in the Joint External Evaluation processes to ensure the integration of community-based surveillance and community early response systems.

### 3. Member states preparedness and responses

Addressing heads of governments directly, the Global Preparedness Monitoring Board strongly recommends committing to and investing in health emergency preparedness and response, protecting and sustaining the financing of their national capacities developed for COVID-19, beyond the current pandemic. In addition, heads of government should strengthen national systems for preparedness by identifying, predicting and detecting the emergence of pathogens with a pandemic potential using a 'One Health' approach ([GPMB 2020](#)).

#### **National Action Plans (for Health Security / IHR)**

Some panels and commissions emphasized the need for the development of national action plans, for preparedness in general and/or for the implementation of the IHR specifically, including the identification of domestic financing. The GPMB recommended that all countries, which had completed an assessment of their capacities by 1 July 2019 should also develop a costed National Action Plan for Health Security (NAPHS), should identify required resources and should begin to implement the plan ([GPMB 2019](#)). The IOAC recognized the importance of the regional offices supporting countries to share best practices and experiences in developing national action plans, and donor support for the implementation of these costed plans ([IOAC 2017](#)).

The IOAC suggested that national governments should consider the possibility of separate health security action plans in subnational areas with “*substantially different health system characteristics, security dynamics, and epidemiological risk factors compared with the rest of the country under evaluation*”. In addition, countries should be prepared to implement investigational diagnostic, vaccine and treatment protocols, and should consider **biomedical and social behavioral science research** as an integral component of their public health emergency preparedness plans ([IOAC 2019](#)). Furthermore, it is currently being discussed that existing generic plans could be covering more respiratory illnesses than Influenza to strengthen pandemic preparedness ([IHR RC 2021](#)).

### 4. Health systems

#### **Health Systems Strengthening / Health workforce**

Most commissions and panels emphasized the need for countries to build strong health systems, including public health resources, and that strategic support should be provided for this by international stakeholders. WHO should work closely with development actors in order to ensure that development programming would support health systems and thereby helping to improve universal and equitable access to quality health care. In addition, governments should increase investment in the training of

health professionals and establish community health worker systems, appropriate to country circumstances ([UNHL 2016](#)). Furthermore, a more extensive global, public-health reserve workforce should be established and the confidence of health care workers build up through policy measures promoting the protection of and respect for health care workers' rights ([IHR RC 2016](#)).

### **Access to medicines, vaccines and other products**

General recommendations in the area of national health systems include a call for urgent measures to be taken to ensure universal access to and affordability of medicines, vaccines and other life-saving products. WHO is being suggested to lead efforts to assist developing countries in building research and manufacturing capacities for vaccines, therapeutics and diagnostics, including through South-South cooperation. In addition, advance agreements for vaccine distribution and delivery are being suggested. Furthermore, national leaders, manufacturers and international organizations should ensure that the allocation of COVID-19 vaccines and other countermeasures will have the most impact for stopping the pandemic ([GPMB 2020](#)).

### **Research and Development**

Most panels and commissions emphasized that **WHO should play a central convening role** in research and development efforts, **catalyzing focused research and innovation** and promoting a One Health approach. In addition, researchers, research institutions, research funders, the private sector, governments, the WHO and international organizations should **improve their coordination and support** for research and development during and in preparation for health emergencies. Research and development approaches of high standards should be ensured during crisis and the engagement of local scientists and community members should be promoted ([CGHRF 2017](#)).

In 2016 the UN High-Level Panel on Global Response to Health Crisis emphasized the need for WHO to coordinate the prioritization of global research and development efforts for neglected diseases that pose the greatest threat of turning into health crises and suggested the establishment of a **global fund to finance, accelerate and prioritize research and development of vaccines, therapeutics and rapid diagnostics** for neglected communicable diseases. This should be overseen and managed by WHO and contain at least US\$1 billion per year ([UNHLP](#)). Similarly, the Commission on GH Risk Framework for the Future suggested the establishment of an **independent Pandemic Product Development Committee (PPDC)** by WHO. The **PPDC** would coordinate and maintain a portfolio of projects for US\$ 1 billion per year committed by different Global R&D stakeholders ([CGHRF 2017](#)).

In January 2017 the **Coalition for Epidemic Preparedness Innovations (CEPI)** was established as an alliance between governments, industry, academia, philanthropy, intergovernmental institutions such as WHO and civil society organizations to finance and coordinate the development of new vaccines to prevent and contain infectious disease epidemics. CEPI, Gavi and the WHO have launched **COVAX** to ensure equitable access to COVID-19 vaccines and to end the acute phase of the pandemic by the end of 2021.

The Global Preparedness Monitoring Board suggests that the World Bank and other International Financial Institutions (IFI) should make research and development investments eligible for **IFI financing** and to develop mechanisms to provide financing for global R&D for health emergencies ([GPMB 2020](#)).

## 5. Communities and communications

### Communities

Governments and responders are being encouraged to strengthen and streamline their community engagement and to promote local ownership and trust as well as to integrate civil society organizations into preparedness and response activities. In addition, it was recommended to treat the surveillance of community attitudes and perceptions with as high a priority as epidemiological surveillance from the outset of an outbreak. Furthermore, the monitoring of community feedback and the utilization of knowledge, attitudes and practices (KAP) and other surveys should be improved.

### Gender

Two UN High-level groups emphasized the need to take into account and address the gender dimension in the outbreak preparedness and response efforts. Much more attention should focus on all gender-related dimensions not only during health crisis situations.

### Communications

The development and implementation of a strategic, organization-wide communications policy for WHO and the enhancement of the WHO Event Information Site have been suggested (in 2011). While communication and information policies have been insufficient during the response to the Ebola outbreak in West Africa 2014/2015, several advancements in WHO's work within the field of communications, especially during the COVID-19 pandemic, have been recognized. In 2017 WHO published its [Strategic Communications Framework](#) in order *“to describe a strategic approach for effectively communicating WHO information, advice and guidance across a broad range of health issues: from chronic health issues to emerging and novel risks.”*

### Health literacy and promotion

The GPMB also emphasized that every individual would have to *“take responsibility for seeking and using accurate information to educate themselves, their families and their communities”*. Individuals would need to adopt health-promoting behaviours and take actions to protect the most vulnerable. In addition, everyone should advocate for these actions within the communities ([GPMB 2020](#)).

## 6. Socio-economic impact

### Social Sciences

The GPMB suggests that WHO, UNICEF, IFRC, academic and other partners should identify strategies for increasing the capacity and integration of **social science approaches** and researchers across the entire preparedness and response continuum ([GPMB 2019](#)). Tools and surveys as well as quantitative and

qualitative expertise provided by partners in this area, such as the Social Science in Humanitarian Action Platform, should be an integral part of the strategic planning process ([IOAC 2019](#)).

## 7. World Health Organization

### **Role and Mandate**

Almost all commissions and panels emphasized the need for strengthening WHO on all levels, its global leadership role for health in general and its internal capacities for sustained response specifically. WHO's roles and responsibilities in emergencies should be reiterated and the implementation of already agreed managerial authorities and processes institutionalized. Member States should "ensure that their expectations of WHO are consistent with the authorities they grant to the WHO Secretariat, and that WHO be empowered to fulfil its role" ([IOAC 2020](#)). Heads of government are being encouraged "*to renew their commitment to the multilateral system and to strengthen WHO as an impartial and independent international organization, responsible for directing and coordinating pandemic preparedness and response*" ([GPMB 2020](#)).

### **Normative function**

The COVID-19 pandemic has highlighted the critical importance of WHO's normative function. The IOAC is highlighting the intense and increasing level of collaboration between the WHE Programme and the Science Division ([IOAC 2020](#)).

### **Emergency Programme**

Following the Ebola outbreak in West Africa 2014-2016 the DG was advised to make WHO's work in outbreaks and emergencies a part of the organization's core mandate, becoming an **operational organization**, recalibrating relationships with Member States. In 2015 the WHO Ebola Interim Assessment Panel called for the establishment of a WHO Centre for Emergency Preparedness and Response ([EIAP](#)), including a standard template for delegation of authority across all three levels of the Organization and with an independent board. Lines of authority and communication in incident management systems should be strengthened to improve coordination between WHO, Regional and Country offices as well as with partner organizations. In 2016 a new **WHO Health Emergencies Programme (WHE)** was established ([WHO 2016](#)), which has constantly evolved further over time, including the initiation of Independent Oversight and Advisory Committee (IOAC) as well as a new Science Division, which began its work in 2019.

In its latest report the IOAC emphasizes that WHO systems and processes in administration, grant management, human resources management, and procurement should empower the WHE to deliver an effective emergency response on the ground. Through the centralization of these enabling functions the agility, flexibility and effectiveness of the WHE Programme should be ensured. In addition, predictable and flexible funding would be critically important for the WHE to continue to carry out strategic



activities for strengthening country preparedness and to rapidly implement all the necessary interventions for acute emergencies ([IOAC 2020](#)).

### **Financing**

All panels and commission recommended to **increase the assessed contributions** from WHO member states to empower the organization to successfully fulfill its broad mandate by at least 5-10%. In addition, a more efficient use of resources, an increasing accountability and the improvement of the organization's cost-effectiveness have been suggested. A special focus should be put on **financing of preparedness and response activities**, e.g., by using 10 % of all voluntary contributions to WHO — beyond programme support costs for its emergency preparedness and response programmes. It has been emphasized that predictable and reliable financial resources were needed for a viable programme and the identification of new donors has also been suggested.

In addition, Member States are being encouraged to fully finance the **WHO Contingency Fund for Emergencies** with at least US\$300 million. Following the H1N1 pandemic, the IHR Review Committee recommended the establishment of a contingency fund for public-health emergencies already in 2011. In response to the Ebola outbreak in West Africa, the World Health Assembly established a Contingency Fund for Emergencies ([CFE](#)) in May 2015 in order to make small amounts of funding for WHO's initial response activities rapidly available. The CFE was established with the goal of raising US\$100 million, but it never reached that potential, and pledges before the COVID-19 pandemic pledges were far from meeting that target ([DEVEX 2018](#)). According to the IOAC ([2017](#)), the CFE has “*shown clear value now*”, but a clear plan for its sustainability has also been suggested, including the establishment of a replenishment scheme using funding from the revised **World Bank Pandemic Emergency Financing Facility** ([GPMB 2019](#)).

### **Leadership**

Most commissions and panels suggested that WHO would need to re-establish itself as the authoritative body communicating on health emergencies and to develop an organizational culture accepting its role. The organization should strengthen its governance through decisive, time-bound reforms and assertive leadership and should establish a unified, effective operational capacity ([UNHL 2016](#)).

### **Monitoring and Evaluation**

It was recommended that during “ambitious roll-out” of the new **WHO Health Emergencies Programme** special attention should be given to the establishment of an independent and transparent evaluation process. This led to the implementation of the **Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme** (IOAC) in 2016. The aim of IOAC is to provide oversight and monitoring of the development and performance of the programme, to guide its activities and to advise the Director-General on issues within its mandate as well as reporting its findings to the World Health Assembly ([IOAC](#)).

Regional and subregional organizations develop or strengthen standing capacities to monitor, prevent and respond to health crises, supported by WHO.

### **Risk assessment**

Several panels recommended to improve WHO's risk assessment and risk communication. The Review Committee on the Functioning of the International Health Regulations (2005) in the Ebola Outbreak and Response recommends using a **risk assessment approach** to prioritize public health threats, capacity gaps and to identify priority points of entry for designation and capacity building. In addition, the formation of multidisciplinary outbreak investigation and response teams, including animal health expertise should be supported ([IHR RC 2016](#)). The IOAC emphasizes the need for a "*continued investment in the development, deployment and institutionalization of standardized and supported field tools especially at country level where WHO emergency information management platforms are not standardized*" IOAC ([2017](#)).

## 8. The International System at large

### **Accountability**

To strengthen and institutionalize accountability an **independent commission for disease outbreak prevention and response** on the global level was recommended, which has not yet been established. On the national level governments are encouraged to empower citizens and strengthen civil society to establish mechanisms to effectively ensure government accountability.

### **Collaboration / Humanitarian system**

It was repeatedly emphasized that **interagency collaboration** within the broader humanitarian system would need to be strengthened. In addition, it would be important to improve WHO's collaboration with networks and other partners and to ensure that staff and stand-by partners have a better understanding of the humanitarian system.

### **Coordination**

Most of the previous panels and commission highlighted the need for **strengthening coordination mechanisms for global health crisis situations within and beyond the UN system**, e.g., between WHO, OIE and FAO. In addition, regional arrangements, e.g., collaboration of WHO with Africa CDC, should be supported. WHO Regional Office for Africa has been working closely with the Africa CDC during the COVID-19 pandemic, publishing jointly a number of scientific and public health policy updates for national decision-makers ([ACDC 2020](#)). For the international level it was recommended to foster an operational approach in which cooperation between countries, results in practical and sustainable solutions to surveillance, laboratory, and other capacities, e.g., in small islands and other small states.

It was also suggested that heads of government to appoint a **national high-level coordinator** with the authority and political accountability to lead **whole-of-government** and **whole-of-society** approaches. **Multisectoral coordination and capacity** to enable rapid response to all dangerous pathogens/diseases X would be needed for successful pandemic preparedness. The WHO Director-General should encourage

dialogue among States Parties and public and private partners, including large NGOs, to improve cooperation and assistance. In addition, there would be a need for research, innovation, experimentation and collaboration between international NGOs, the UN's security system, humanitarian actors and WHO to identify the most appropriate models of **security management for outbreak responses** at different scales.

### **Financing**

In its latest report the Global Preparedness and Monitoring Board (GPMB) suggests that the UN, the WHO, and the International Financing Institutions develop a mechanism for sustainable financing of global health security. Furthermore, WHO, the World Bank and partners, should work with countries, to develop and cost packages of priority interventions to increase national preparedness capacity. These interventions should be financed in current budget cycles and mapped to expected results in the near term. G20 leaders should ensure that adequate finance is made available now to mitigate the current and future economic and socioeconomic consequences of the pandemic ([GPMB 2020](#)).

In 2016 the UN High-Level Panel on Global Response to Health Crisis emphasized the need for the World Bank to rapidly operationalize the **Pandemic Emergency Financing Facility** ([UNHL 2016](#)). The PEF Steering Body allocated the entire amount of US\$195.84 million to 64 of the world's lowest income countries that are members of the World Bank's International Development Association with reported cases of COVID-19 (as on April 22, 2020) ([PEF](#)). The PEF has been widely criticized as it would be "*too small and far from watertight*", its focus should be on the early response to stop outbreaks from becoming pandemics, and its design and structure should have been better ([DEVEX 2020](#)).

In addition, an analysis showed that the PEF was struggling to deliver on its innovative promise and that the scheme would serve private sector interests at the cost of global health security ([BMJ 2019](#)).

The GPMB suggests that **international financing institutions** must link preparedness with financial risk planning ([GPMB 2019](#)). IOAC recommends filling the gap between the **UN Central Emergency Response Fund** ([CERF](#)) funding criteria and the World Bank's Pandemic Emergency Financing Facility (PEF) criteria in a coherent and predictable way. This gap became obvious during the North Kivu and Ituri Ebola in outbreaks in 2018, creating a paradoxical situation as the outbreaks were big and lethal enough to satisfy CERF funding criteria originally intended for humanitarian disasters, but falling short of PEF criteria, despite the PEF being designed specifically to "*fill the financing gap that occurs after the initial outbreak and before large-scale humanitarian relief assistance can be mobilized*" ([IOAC 2019](#)).

### **Framework**

In fall 2020, the GPMB suggested to the Secretary-General of the UN, the Director-General of the WHO and the heads of International Financing Institutions to convene a **UN Summit on Global Health Security**, aiming at agreeing on an **international framework for health emergency preparedness and response**. This should incorporate the International Health Regulations and mechanisms for sustainable financing, research and development, social protection, equitable access to countermeasures for all, and mutual accountability ([DEVEX 2020](#)). The UN Summit will most likely be held in spring 2021.

The UN High-Level Panel on Global Response to Health Crisis encouraged WHO to convene its member states to renegotiate the **Pandemic Influenza Preparedness (PIP) Framework** in order to discuss *“including other novel pathogens, making it legally binding, and achieving an appropriate balance between obligations and benefits, in accordance with the principles of the 2010 Nagoya Protocol to the Convention on Biological Diversity”*. ([UNHL 2016](#))

The Lancet Independent Panel on the Global Response to Ebola emphasized the need to develop a *“framework of rules to enable, govern and ensure access to the benefits of research”*.

### **Global plan**

The Review Committee on the Functioning of the International Health Regulations (2005) in the Ebola Outbreak and Response ([IHR 2016](#)) called for the development of a **Global Strategic Plan** to improve public health preparedness and response.

The IOAC suggests an agreement between WHO, partners (including humanitarian partners) and national authorities on certain thresholds for key indicators, beyond which a cascade of pre-agreed actions would be taken at the risk assessment stage or at the strategic planning stage of an outbreak response ([IOAC 2019](#)).

### **Leadership**

Most commissions and panels emphasized the need for a higher prioritization of global health issues within the UN system, for example by sustaining high-level political attention through a **Global Health Committee of the Security Council** ([Lancet 2015](#)). The Ebola Interim assessment panel recommended to include this into the global security agenda. In addition, a Special Representative of the UNSG or a UN Special Envoy should be nominated during a global public health crisis. Furthermore, the UNSG Panel and OCHA should improve understanding of the special nature of health risks, IHR and PHEIC within the wider UN system ([EIAP 2015](#)). It was also suggested that the UNSG should initiate the **integration of health and humanitarian crisis trigger systems** and that - in the event of a Grade 2 or Grade 3 outbreak that is not already classified as a humanitarian emergency - a clear line of command should be activated throughout the United Nations system ([UNHL 2016](#)). It was also emphasized that it needs to be ensured that health security remains prioritized on national and global political agendas and that countries and regional organizations must lead by example.

### **Monitoring and Evaluation**

To ensure that the world is prepared and able to respond to public health crises and to improve the monitoring and evaluation of global pandemic preparedness activities the creation of a high-level council on global public health crises by the United Nations General Assembly has been suggested. The **UN Global Health Crisis Taskforce** was created in July 2016 ([UNGH](#)), followed by the establishment of the **Global Preparedness Monitoring Board** in by WHO and the World Bank Group in May 2018 ([GPMB](#)).

## Official Development Assistance (ODA)

The UN High-Level Panel on Global Response to Health Crisis ([UNHLP](#)) suggested in 2016 that partners should sustain their official development assistance for health and direct a greater percentage to **strengthening health systems** under an agreed-upon government-led plan. In addition, countries and partners should “*comply with the Paris Declaration on Aid Effectiveness, the Accra Agenda for Action and the Busan Partnership agreement, particularly with regard to the alignment of support, the harmonization of efforts and mutual accountability.*” The GPMB recommended that development assistance funders must create incentives and increase funding for national preparedness.

Improving government transparency and accountability, empowering citizens and strengthening civil society as well as addressing and taking into account the **gender** dimensions within outbreak preparedness and response efforts, are additional key recommendations made by various of the panels included in this short analysis. Many of the recommendations and proposals made by the panels are ambitious, many are rather general, and most do not include clear indicators to measure the level of their implementation. The Global Preparedness Monitoring Board has chosen such an approach and is monitoring and evaluating the progress made in the areas of their recommendations.

*What factors made adopting these recommendations more or less possible?*

The key recommendations highlighted in this analysis, **that were adopted**, had four main factors in common:

- 1) a crucial momentum (e.g., the Ebola crisis in West Africa), leading to
- 2) an amplified political attention to global health security on the national and international level,
- 3) allowing an increase in available financing (e.g., CEPI, PEF), while
- 4) avoiding difficult and lengthy negotiations (e.g., by not touching the IHR).

COVID19 should be the final reason for the global community to strengthen the global and national pandemic preparedness and response systems, to increase resources for their implementation and for establishing well-functioning monitoring, evaluating and accountability mechanisms.

## Annex

### List of commissions and panels working on outbreaks, pandemics and the IHR

	Year		Link
1	2020	Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response	<a href="#">WHO</a>
2	2020	Independent Oversight Advisory Committee for the WHO Health Emergencies Programme	<a href="#">WHO</a>
3	2020	Global Preparedness Monitoring Board, Annual Report, A World in Disorder	<a href="#">GPMB</a>
<b>COVID19</b>			
4	2019	Global Preparedness Monitoring Board, Annual Report, A world at risk	<a href="#">GPMB</a>
5	2019	Independent Oversight Advisory Committee for the WHO Health Emergencies Programme	<a href="#">IOAC</a>
6	2017	UN Global Health Crises Task Force	<a href="#">GHCTF</a>
7	2017	Independent Oversight Advisory Committee for the WHO Health Emergencies Programme	<a href="#">WHO/IOAC</a>
8	2016	UN High-Level Panel on the Global Response to Health Crises	<a href="#">UN</a>
<b>Ebola 2014</b>			
9	2016	Director General's Advisory Group on Reform of WHO's Work in Outbreaks and Emergencies	<a href="#">WHO</a>
10	2016	Commission on a GH Risk Framework for the Future: A Framework to Counter Infectious Disease Crises	<a href="#">GHRF</a>
11	2015	Ebola Interim Assessment Panel	<a href="#">WHO/EIAP</a>
12	2016	Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response	<a href="#">WHO / IHR</a>
13	2015	Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation	<a href="#">WHO / IHR</a>
<b>H1N1 2009</b>			
14	2011	Review Committee on the Functioning of the International Health Regulations (2005) in relation to Pandemic (H1N1) 2009	<a href="#">WHO / IHR</a>

## 1. Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response

Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response			
<b>Initiated by</b>	World Health Assembly à WHO DG	<b>Process</b>	Review Committee, 3 subgroups
<b>Main experts involved</b>	Lothar Wieler (RKI)	<b>Background</b>	<a href="#">WHA73.1 IHR RC</a>
<b>Mission</b>	<ul style="list-style-type: none"> <li>• To review the functioning of the IHR during the COVID-19 response; and</li> <li>• The status of implementation of the relevant recommendations of previous IHR Review Committees.</li> </ul>		
<b>Focus areas</b>	IHR, Preparedness, Alert, Response		
<b>Key Recommendations</b>		<b>Publication date</b>	May 2021
<b>WHO</b>			
<b>IHR</b>			
<b>Preliminary findings (November 2020)</b>			
<ul style="list-style-type: none"> <li>• <b>Preparedness capacities</b> need to be further examined in light of the observed performance in the response of many member States; this includes tools as well as approaches and mechanisms for assessing and reporting.</li> <li>• The authority of <b>National IHR Focal Point (NFP)</b> is critical to ensure rapid communication/ coordination.</li> <li>• Adequate <b>national legislation</b> ensures sufficient support for health and non-health measures to detect, prevent and respond in line with IHR (2005).</li> <li>• A <b>universal peer-review mechanism</b> such as that used in human rights may be useful.</li> <li>• Generic plans covering more respiratory illnesses than Influenza to strengthen pandemic preparedness.</li> <li>• Both official as well as media, social media and rumors are <b>useful surveillance information</b>.</li> <li>• <b>IHR provisions for notification and verification of information</b> for events need to be further examined to understand the reluctance of some countries for early reporting and the need for incentives or other approaches to ensure better compliance.</li> </ul>			
<b>GH Security</b>			
<ul style="list-style-type: none"> <li>• <b>Multisectoral coordination</b> and <b>capacity to enable rapid response</b> to all dangerous pathogens/diseases X is needed for successful pandemic preparedness.</li> </ul>			
<b>Other</b>			
<ul style="list-style-type: none"> <li>• Both strong public health as well as health care systems are needed for effective response.</li> </ul>			
<b>Comment</b>			
<p><i>We are working in close collaboration with the IHR Secretariat at WHO HQ. Following a series of exchanges between the co-chairs of The Independent Panel, the chair of the IHR Review Committee and the chair of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme (IOAC), a briefing for the members of The Independent Panel with the IHR RC chair, and the heads of the three subgroups (Preparedness, Alert, Response) will be organized early in January.</i></p>			

## 2. Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme (2020)

Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme (IOAC)			
<b>Initiated by</b>	WHO DG IOAC reporting to DG / WHA	<b>Process</b>	6 independent experts
<b>Experts involved</b>	Felicity Harvey CBE (Chair), Walid Ammar, Hiroyoshi Endo, Geeta Rao Gupta, Theresa Tam, Jeremy M. Konyndyk	<b>Background</b>	<a href="#">IOAC TOR</a>
<b>Mission</b>	To provide oversight and monitoring of the development and performance of the WHO Health Emergencies Programme and to guide the Programme's activities.		
<b>Focus areas</b>	WHO's emergency work in preparedness, prevention, detection and response		
<b>Key Recommendations</b>		<b>Publication date</b>	November 2020 <a href="#">Report</a>
<b>WHO</b>			
<ul style="list-style-type: none"> <li>• Reiterate <b>WHO roles and responsibilities in emergencies</b> and institutionalize the implementation of already agreed managerial authorities and processes.</li> <li>• WHO systems and processes in administration, grant management, human resources management, and procurement should enable the WHE Programme to deliver an effective emergency response on the ground. The centralization of enabling functions must ensure the agility, flexibility and effectiveness of the WHE Programme.</li> <li>• <b>Predictable and flexible funding</b> is critically important for the WHE Programme to continue to carry out strategic activities for strengthening country preparedness and to quickly implement all the necessary interventions for acute emergencies.</li> <li>• Member States should be invited to consider an <b>increase in assessed contributions</b>.</li> <li>• The COVID-19 pandemic has highlighted the <b>critical importance of WHO's normative function</b>. The IOAC welcomes the intense and increasing level of collaboration between the WHE Programme and the Science Division.</li> </ul>			
<b>IHR</b>			
<ul style="list-style-type: none"> <li>• Introduce a <b>graded PHEIC system</b> with clear criteria and practical implications for countries, to make it possible to alert and engage the wider international community at an earlier stage in a health crisis</li> <li>• Member States ensure that their expectations of WHO are consistent with the authorities they grant to the WHO Secretariat, and that WHO be empowered to fulfil its role as recommended and restated in a <b>new version of the IHR</b> under guidance of the IHR Review Committee;</li> <li>• WHO Secretariat further streamline the <b>reporting process and support countries</b> in strengthening capacity to report on the information required under the IHR;</li> <li>• The <b>adequacy of JEE and other existing tools</b> to support country preparedness be reviewed based on the lessons learned during the COVID-19 pandemic preparedness and response efforts, and improved under the guidance of the IHR Review Committee;</li> <li>• A <b>peer-review mechanisms, platforms and incentives</b> be launched and anchored to the governing bodies structure in order to <b>ensure transparency, avoid politicization</b>, and promote the IHR and Member States' compliance therewith.</li> </ul>			
<b>Comment</b>			
<p><i>The IOAC is currently preparing a special briefing paper of their work during the past four years relating to the Programme of Work of the Independent Panel to inform the members of the panel on key aspects and recommendations. The next annual report of the IOAC will be submitted to the WHA74 in May 2021.</i></p>			



### 3. Global Preparedness Monitoring Board, Annual Report, A World in Disorder (2020)

Global Preparedness Monitoring Board, Annual Report, A World in Disorder (2020)			
<b>Initiated by</b>	WHO / World Bank	<b>Process</b>	Expert Panel
<b>Main experts involved</b>	Gro Harlem Brundtland, Elhadj As Sy, Victor Dzau, Jeremy Farrar, Chris Elias, Anthony Fauci, Henriette Fore, George Gao et. Al.	<b>Background</b>	<a href="#">GPMB</a>
<b>Mission</b>	Independent monitoring and accountability body to ensure preparedness for global health crises		
<b>Focus areas</b>	Preparedness and response capacity for disease outbreaks and other emergencies with health consequences		
<b>Key Recommendations</b>		<b>Publication date</b>	September 2020 <a href="#">Report</a>
<b>WHO</b>			
<ul style="list-style-type: none"> <li>• Heads of government renew their commitment to the multilateral system and <b>strengthen WHO as an impartial and independent international organization</b>, responsible for directing and coordinating pandemic preparedness and response.</li> </ul>			
<b>IHR</b>			
<ul style="list-style-type: none"> <li>• State Parties to the IHR, or the WHO DG, propose <b>amendments of the IHR</b> to the WHA, to include: strengthening early notification and comprehensive information sharing; intermediate grading of health emergencies; development of evidence-based recommendations on the role of domestic and international travel and trade recommendations; and mechanisms for assessing IHR compliance and core capacity implementation, including a universal, periodic, objective and external review mechanism.</li> <li>• National leaders, the WHO, the UN and other international organizations develop <b>predictive mechanisms for assessing multisectoral preparedness</b>, including simulations and exercises that test and demonstrate the capacity and agility of health emergency preparedness systems, and their functioning within societies</li> </ul>			
<b>GH Security</b>			
<ul style="list-style-type: none"> <li>• National leaders and leaders of international organizations and other stakeholders take early decisive <b>action based on science, evidence and best practice</b> when confronted with health emergencies. They discourage the politicization of measures to protect public health, ensure social protection and promote national unity and global solidarity.</li> <li>• Heads of government protect and sustain the <b>financing of their national capacities</b> for health emergency preparedness and response developed for COVID-19, beyond the current pandemic</li> <li>• Heads of government <b>strengthen national systems for preparedness</b>: identifying, predicting and detecting the emergence of pathogens with pandemic potential based on a <b>'One Health' approach</b></li> <li>• Heads of government to appoint a <b>national high-level coordinator</b> with the authority and political accountability to lead whole-of-government and whole-of-society approaches</li> <li>• Researchers, research institutions, research funders, the private sector, governments, the WHO and international organizations <b>improve coordination and support for research and development</b> in health emergencies</li> <li>• National leaders, manufacturers and international organizations <b>ensure that COVID-19 vaccines and other countermeasures</b> are allocated in a way that will have the most impact in stopping the pandemic</li> </ul>			

<ul style="list-style-type: none"> <li>• The UN, the WHO, and the International Financing Institutions develop a mechanism for <b>sustainable financing of global health security</b></li> <li>• The World Bank and other International Financial Institutions (IFI) make <b>research and development (R&amp;D) investments</b> eligible for IFI financing and develop mechanisms to provide financing for global R&amp;D for health emergencies.</li> </ul>
<p><b>GH Governance</b></p> <ul style="list-style-type: none"> <li>• The Secretary-General of the UN, the Director-General of the WHO and the heads of International Financing Institutions convene a <b>UN Summit on Global Health Security</b>, with the aim of agreeing on an <b>international framework for health emergency preparedness and response</b>, incorporating the International Health Regulations, and including mechanisms for sustainable financing, research and development, social protection, equitable access to countermeasures for all, and mutual accountability.</li> </ul>
<p><b>Other</b></p> <ul style="list-style-type: none"> <li>• Citizens demand accountability from their governments for health emergency preparedness, which requires that governments empower their citizens and strengthen civil society.</li> <li>• Every individual takes responsibility for seeking and using accurate information to educate themselves, their families and their communities. They adopt health-promoting behaviours and take actions to protect the most vulnerable. They advocate for these actions within their communities.</li> <li>• G20 leaders ensure that adequate finance is made available now to mitigate the current and future economic and socioeconomic consequences of the pandemic.</li> </ul>
<p><b>Comment</b></p> <p><i>The co-chairs of the GPMB and The Independent Panel had an exchange in September with a focus on the last report of the board. On December 1 the GPMB secretariat also requested further feedback from The Independent Panel on their work so far.</i></p>

#### 4. Lancet COVID-19 Commission

Lancet COVID-19 Commission			
<b>Initiated by</b>	The Lancet	<b>Process</b>	Expert Panel & Task forces
<b>Main experts involved</b>	Jeffrey D Sachs, Richard Horton, Jessamy Bagenal, Yanis Ben Amor, Ozge Karadag Caman, Guillaume Lafortune et al.	<b>Background</b>	<a href="#">Lancet</a>
<b>Mission</b>	To help speed up global, equitable, and lasting solutions to the pandemic		
<b>Focus areas</b>	Pandemic suppression, vulnerable groups and humanitarian crisis, prevent global financial and economic crisis, build the world back better (inclusive, fair and sustainable)		
<b>Key Priority Areas</b>		<b>Publication date</b>	September 2020 <a href="#">Statement</a>
<ul style="list-style-type: none"> <li>• <b>Origins:</b> track down the origins of the virus in an open, scientific, and unbiased way not influenced by geopolitical agendas.</li> <li>• <b>Non-pharmaceutical interventions:</b> suppress the epidemic through the proven package of non-pharmaceutical interventions.</li> <li>• <b>Science-based policy making</b> base policy making on objective scientific evidence and stop politicians and others in positions of power from subverting clinical trials and other scientific protocols.</li> <li>• <b>Timely and consistent data:</b> collect and publish timely and internationally consistent data on the state of the pandemic, including humanitarian and economic consequences.</li> <li>• <b>Justice in access to tools to fight COVID-19:</b> ensure universal access to the tools to fight COVID-19.</li> <li>• <b>Emergency financing:</b> secure access of developing countries to financing from international sources, especially from the International Monetary Fund and World Bank.</li> <li>• <b>Protect vulnerable groups:</b> direct urgent protection towards vulnerable groups, including older people, people in poverty and hunger, women who are vulnerable, children, people with chronic diseases and disabilities, the homeless, migrants, refugees, Indigenous Peoples, and ethnic and racial minorities.</li> <li>• <b>Long-term financial reform:</b> prepare for a deep restructuring of global finances, including debt relief, new forms of international financing, and reform of monetary arrangements.</li> <li>• <b>Green and resilient recovery:</b> economic recovery will be based on public-investment led growth in green, digital, and inclusive technologies, based on the Sustainable Development Goals.</li> <li>• <b>Global peace and cooperation:</b> support UN institutions and the UN Charter, resisting any attempts at a new cold war.</li> </ul>			
Comment			
<p><i>The Commission aims for the first interim report to be published in January 2021, a second interim report in July 2021, and a final report in January 2022.</i></p>			

## 5. Global Preparedness Monitoring Board, Annual Report, A World at Risk (2019)

Global Preparedness Monitoring Board, Annual Report, A World at Risk (2019)			
<b>Initiated by</b>	WHO / World Bank	<b>Process</b>	Expert Panel, Review papers
<b>Main experts involved</b>	Gro Harlem Brundtland, Elhadj As Sy, Victor Dzau, Jeremy Farrar, Chris Elias, Anthony Fauci, Henriette Fore, George Gao et. Al.	<b>Background</b>	<a href="#">GPMB</a>
<b>Mission</b>	Independent monitoring and accountability body to ensure preparedness for global health crises		
<b>Focus areas</b>	Preparedness and response capacity for disease outbreaks and other emergencies with health consequences, development of monitoring framework		
<b>Key Recommendations</b>		<b>Publication date</b>	September 2019 <a href="#">Report</a>
<b>WHO</b>			
<ul style="list-style-type: none"> <li>• WHO, the World Bank and partners, working with countries, develop and cost packages of <b>priority interventions to increase preparedness capacity</b>, financed in current budget cycles, and map these interventions to expected results in the near term.</li> <li>• WHO and its Member States develop options for standard procedures and timelines for <b>sharing of sequence data, specimens, and medical countermeasures</b> for pathogens other than influenza.</li> <li>• WHO, UNICEF, IFRC, academic and other partners identify strategies for increasing capacity and integration of <b>social science approaches</b> and researchers across the entire preparedness/response continuum.</li> <li>• MS need to agree to an increase in WHO contributions for the <b>financing of preparedness and response</b> activities and must sustainably fund the WHO <b>Contingency Fund for Emergencies</b>, including the establishment of a replenishment scheme using funding from the revised <b>World Bank Pandemic Emergency Financing Facility</b></li> </ul>			
<b>IHR</b>			
<ul style="list-style-type: none"> <li>• WHO develops intermediate triggers to <b>mobilize national, international and multilateral action</b> at earlier stages of an outbreak to <b>complement existing mechanisms</b> for later and more advanced stages of an outbreak prior to a declaration of a Public Health Emergency of International Concern (PHEIC) under the IHR (2005).</li> <li>• All countries that have completed an assessment of their capacities by 1 July 2019 should develop a costed NAPHS, identified required resources and should start to implement the plan.</li> </ul>			
<b>Global Health Governance</b>			
<ol style="list-style-type: none"> <li>1. Heads of government must commit and invest.</li> <li>2. Countries and regional organizations must lead by example.</li> <li>3. All countries must build strong systems</li> <li>4. Countries, donors and multilateral institutions must be prepared for the worst.</li> <li>5. Financing institutions must link preparedness with financial risk planning.</li> <li>6. Development assistance funders must create incentives and increase funding for preparedness.</li> <li>7. The United Nations must strengthen coordination mechanisms.</li> </ol>			
<b>Comment</b>			
<i>The GMBP is using progress indicators with dates for the implementation of their recommendations using them as the basis for their continued work.</i>			

## 6. Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme (2019)

Independent and Oversight Advisory Committee for the WHO Health Emergencies Programme			
<b>Initiated by</b>	WHO DG, IOAC reporting to DG à WHA	<b>Process</b>	7 independent experts
<b>Experts involved</b>	Felicity Harvey CBE (Chair), Walid Ammar, Hiroyoshi Endo, Geeta Rao Gupta, Theresa Tam, Jeremy M. Konyndyk, Malebona Precious Matsoso	<b>Background</b>	<a href="#">IOAC</a> <a href="#">TOR</a>
<b>Mission</b>	WHO's emergency work in preparedness, prevention, detection and response		
<b>Focus areas</b>	What does the 2018–2019 Ebola outbreak in the Democratic Republic of the Congo tell us about the state of global epidemic and pandemic preparedness and response?		
<b>Key Recommendations</b>		<b>Publication date</b>	2019 <a href="#">Report</a>
<b>WHO</b>			
<ul style="list-style-type: none"> <li>WHO, the World Bank, the UN, international and national NGOs and national governments should identify the most fragile countries, and areas within countries, to receive core <b>IHR capacity strengthening</b> as part of a broader package and funded as a global public good via an international pooled fund presided over by the World Bank and WHO.</li> </ul>			
<b>IHR</b>			
<ul style="list-style-type: none"> <li>National governments should consider the possibility of separate <b>health security action plans</b> in subnational areas that have substantially different health system characteristics, security dynamics, and epidemiological risk factors compared with the rest of the country under evaluation.</li> <li>All countries should be prepared to implement <b>investigational diagnostic, vaccine and treatment protocols</b>, and consider biomedical and social behavioral science research as an integral component of their public health emergency preparedness plans</li> </ul>			
<b>GH Security</b>			
<ul style="list-style-type: none"> <li>Improve monitoring of <b>community feedback</b> and the utilization of knowledge, attitudes and practices (KAP) and other surveys</li> <li>These tools and surveys as well as the quantitative and qualitative expertise provided by partners such as the <b>Social Science in Humanitarian Action Platform</b>, should be an integral part of the strategic planning process.</li> <li><b>Surveillance of community attitudes and perceptions</b> must be treated with as high a priority as epidemiological surveillance from the outset of an outbreak.</li> <li><b>Security management:</b> Need for research, innovation, experimentation and collaboration between international NGOs, the UN's security system, humanitarian actors and WHO to identify the most appropriate models of security management for outbreak responses at different scales.</li> </ul>			
<b>GH Governance</b>			
<ul style="list-style-type: none"> <li>At the risk assessment stage or at the strategic planning stage of an outbreak response, WHO, partners (including humanitarian partners), and national authorities should agree thresholds for key indicators, beyond which a cascade of pre-agreed actions would be taken</li> <li>The gap between the UN Central Emergency Response Fund (CERF) funding criteria and the World Bank's Pandemic Emergency Financing Facility (PEF) criteria remains and needs to be filled in a coherent and predictable way.</li> </ul>			
<b>Comment</b>			
<i>This report by the IOAC was a special contribution to the work of the Global Preparedness Monitoring Board (GPMB; see 3 and 5 above).</i>			

## 7. Global Health Crisis Taskforce (UNSG)

UN Global Health Crisis Taskforce (UNSG)			
<b>Initiated by</b>	UN Secretary General	<b>Process</b>	Expert Panel
<b>Main experts involved</b>	Amina J. Mohammed, Margaret Chan, Jim Yong Kim (co-chairs)	<b>Background</b>	<a href="#">GHCTF</a>
<b>Mission</b>	To support and monitor the implementation of the recommendations of the High-level Panel on the Global Response to Health Crises, issued in its report on “Protecting humanity from future health crises” ( <a href="#">A/70/723</a> )		
<b>Focus areas</b>	Focused on ways in which health crises can be better anticipated and a dependable response could be assured.		
<b>Conclusions</b>		<b>Publication date</b>	June 2017 <a href="#">Report</a> <a href="#">Annex (Progress)</a>
<p><i>Over the past year, the Task Force has seen significant progress in many areas highlighted in the Panel’s report. Key achievements include the introduction of the <b>Joint External Evaluations</b> and other components of the IHR monitoring and evaluation framework, the establishment of the <b>WHO Health Emergencies Programme</b>, the issuance of the <b>IASC activation procedures for infectious disease events</b>, the launching of the <b>Coalition for Epidemic Preparedness Innovations</b>, the implementation of the <b>WHO R&amp;D Blueprint</b>, the simulations exercises at country and global levels, the formation of the <b>Africa Centres for Disease Control and Prevention</b>, the operationalization of the <b>Pandemic Emergency Financing Facility</b>, the development of the <b>Automated System for Relief Emergency Consignments</b>, and the establishment of the <b>Pandemic Supply Chain Network</b>. At the same time, many of these initiatives are in their early stages of implementation and do not represent the finalized construction of a system that is predictable, dependable and effective. While the systems for advancing health security are developing in the right direction, potential vulnerabilities in the systems on which societies depend for health security must continue to be monitored.</i></p>			
<b>Recommendations</b>			
<b>WHO</b>			
<ul style="list-style-type: none"> <li>The Task Force reinforces the need for WHO to implement the recommendations of the IOAC</li> </ul>			
<b>IHR</b>			
<b>GH Security</b>			
<ul style="list-style-type: none"> <li>Strategic support for national health systems</li> <li>Integrating communities and civil society organizations</li> <li>Supporting regional arrangements, e.g., collaboration with African CDC</li> <li>Testing capacities and processes through simulation</li> <li>Catalyzing focused research and innovation, promoting a One Health approach to R&amp;D</li> <li>Securing sustainable financing for health security</li> <li>Focusing attention on gender dimensions of health crisis</li> <li>Ensuring health security remains prioritized on national and global political agendas</li> </ul>			
<b>GH Governance</b>			
<ul style="list-style-type: none"> <li>Strengthening UN system capacity and collaboration, e.g., between WHO, OIE and FAO</li> </ul>			
<b>Comment</b>			

## 8. Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme (2017)

Independent Oversight Advisory Committee for the WHO Health Emergencies Programme (2017)			
<b>Initiated by</b>	WHO DG IOAC reporting to DG / WHA	<b>Process</b>	8 independent experts
<b>Experts involved</b>	Precious Matsoso (Chair), Walid Ammar, Geeta Rao Gupta, Felicity Harvey, Jeremy Konyndyk, Hiroki Nakatani, Michael Ryan, Elhadj As Sy	<b>Background</b>	<a href="#">IOAC TOR</a>
<b>Mission</b>	To provide oversight and monitoring of the development and performance of the WHO Health Emergencies Programme and to guide the Programme's activities.		
<b>Focus areas</b>	WHO's emergency work in preparedness, prevention, detection and response		
<b>Key Recommendations</b>		<b>Publication date</b>	May 2017 <a href="#">Report</a>
<b>WHO</b>			
<ul style="list-style-type: none"> <li>• WHE Structure: a standard template for <b>delegation of authority</b> should be developed and adopted across all three levels of the Organization.</li> <li>• WHE Human resources: a <b>longer-term recruitment strategy</b> should be developed which can attract, orient and support the best candidates</li> <li>• WHE Business processes: setting up a time-limited working group dedicated to addressing major issues for <b>streamlining administrative and operational systems</b> in an emergency response</li> <li>• WHO should have a more consistent and robust approach to security across its emergency programmes, funded by an appropriate level of flexible corporate funding</li> <li>• <b>Contingency Fund for Emergencies</b> has shown clear value, but a clear plan for its sustainability is required</li> <li>• <b>Risk assessment:</b> continued investment in the development, deployment and institutionalization of standardized and supported field tools especially at CO level where WHO emergency information management platforms are not standardized</li> </ul>			
<b>IHR</b>			
<ul style="list-style-type: none"> <li>• IOAC reaffirms the importance of all four components of the IHR (2005) <b>Monitoring and Evaluation Framework</b> as critical areas of work of the WHE Programme</li> <li>• recognizes the importance of the regional offices supporting countries to share best practice and experience in developing the plans, and donor support for the implementation of these costed plans</li> <li>• IOAC also recommends that relevant community-based groups be systematically included in <b>Joint External Evaluation</b> processes to ensure that community-based surveillance and community early response systems are included in all evaluations.</li> </ul>			
<b>Comment</b>			
<p><i>Between its establishment in 2016 and today the IOAC has submitted eight reports to the WHO Governing Bodies, including two on WHO's COVID19 response (see 2 and 6 above). In addition, the IOAC has developed a matrix table as a monitoring framework for its work, which is planned to continue for at least two more years.</i></p>			

## 9. UN High-Level Panel on the Global Response to Health Crisis

UN High-Level Panel on the Global Response to Health Crisis			
<b>Initiated by</b>	UN Secretary General	<b>Process</b>	Expert Panel
<b>Main experts involved</b>	Jakaya Mrisho Kikwete (Chair), Micheline Calmy-Rey, Celso Amorim, M. Marty M. Natalegawa, Celso Amorim, Rajiv Shah	<b>Background</b>	
<b>Mission</b>	To propose recommendations that would strengthen national and international systems to prevent and respond effectively to future health crises, taking into account lessons learned from the Ebola response.		
<b>Focus areas</b>	Health crises arising from the outbreaks of new, acute or re-emerging communicable diseases that pose a threat of international spread		
<b>Key Recommendations</b>		<b>Publication date</b>	February 2016 <a href="#">Report</a>
<b>WHO</b>			
<ul style="list-style-type: none"> <li>• WHO immediately <b>strengthens its leadership</b> and establishes a unified, effective <b>operational capacity</b></li> <li>• WHO works closely with development actors to ensure that development programming supports health systems and thereby helps to improve <b>universal and equitable access to quality health</b></li> <li>• WHO coordinates the prioritization of <b>global research and development</b> efforts for neglected diseases that pose the greatest threat of turning into health crises</li> <li>• Urgent measures are taken to ensure <b>universal access to and affordability of medicines, vaccines</b> and other life-saving products.</li> <li>• WHO convenes its member States to renegotiate the <b>Pandemic Influenza Preparedness Framework</b> with a view to including other novel pathogens, making it legally binding, and achieving an appropriate balance between obligations and benefits, in accordance with the principles of the 2010 Nagoya Protocol to the Convention on Biological Diversity.</li> <li>• WHO leads efforts to assist developing countries in <b>building research and manufacturing capacities</b> for vaccines, therapeutics and diagnostics, including through South-South cooperation.</li> <li>• The WHO member States <b>increase their assessed contributions</b> to the WHO budget by at least 10 %</li> <li>• 10 % of all voluntary contributions to WHO —beyond programme support costs —are mandatorily directed to support the <b>center for emergency preparedness and response</b>.</li> <li>• Member states finance the <b>WHO Contingency Fund for Emergencies</b> with at least \$300 million by the end of 2016.</li> <li>• WHO oversees the establishment and management of an <b>international fund</b> of at least \$1 billion per annum to support the <b>research and development</b> of vaccines, therapeutics and rapid diagnostics for neglected communicable diseases.</li> </ul>			
<b>IHR</b>			
<ul style="list-style-type: none"> <li>• By 2020, States parties to IHR, with appropriate international cooperation, are in full compliance with the <b>IHR core capacity requirements</b>.</li> <li>• WHO strengthens its <b>periodic review of compliance</b> with the IHR core capacity requirements.</li> <li>• The DG of WHO leads urgent efforts, in partnership with the World Bank, regional development banks, other international organizations, partners, foundations and the private sector, to <b>mobilize financial and technical support</b> to build the IHR core capacities.</li> </ul>			



<ul style="list-style-type: none"> <li>• The <b>IHR Review Committee</b> considers developing mechanisms to rapidly address unilateral action by States and others that are in contravention of temporary recommendations issued by WHO as part of a <b>public health emergency of international concern (PHEIC)</b> announcement.</li> <li>• WTO and WHO convene an informal joint commission of experts to study possible measures to <b>strengthen coherence between IHR and the WTO legal frameworks</b> regarding trade restrictions imposed for public health reasons.</li> </ul>
<b>GH Security</b>
<ul style="list-style-type: none"> <li>• Regional and subregional organizations develop or strengthen standing capacities to monitor, prevent and respond to health crises, supported by WHO</li> <li>• In the event of a Grade 2 or Grade 3 outbreak that is not already classified as a <b>humanitarian emergency</b>, a clear line of command will be activated throughout the United Nations system</li> <li>• The United Nations General Assembly immediately creates a <b>high-level council on global public health crises</b> to ensure that the world is prepared and able to respond to public health crises.</li> </ul>
<b>GH Governance</b>
<ul style="list-style-type: none"> <li>• The Secretary-General initiates the integration of <b>health and humanitarian crisis trigger systems</b>.</li> <li>• The international community must fulfil the commitments towards the <b>Sustainable Development Goals</b>, with a particular emphasis on health-sector goals.</li> <li>• Partners sustain their <b>official development assistance to health</b> and direct a greater percentage to strengthening health systems under an agreed-upon government-led plan.</li> <li>• The World Bank rapidly operationalizes the <b>pandemic emergency financing facility</b></li> <li>• Countries and partners comply with <b>the Paris Declaration on Aid Effectiveness, the Accra Agenda for Action and the Busan Partnership agreement</b>, particularly with regard to the alignment of support, the harmonization of efforts and mutual accountability.</li> </ul>
<b>Other</b>
<ul style="list-style-type: none"> <li>• Governments increase investment in the <b>training of health professionals</b> and establish <b>community health worker systems</b> that are appropriate to country circumstances.</li> <li>• Governments and responders strengthen and streamline their <b>community engagement</b> and promote local ownership and trust</li> <li>• Outbreak preparedness and response efforts should take into account and address the <b>gender dimension</b>.</li> </ul>
<b>Comment</b>

## 10. Director General’s Advisory Group on Reform of WHO’s Work in Outbreaks and Emergencies with Health and Humanitarian Consequences

Director General’s Advisory Group on Reform of WHO’s Work in Outbreaks and Emergencies			
<b>Initiated by</b>	WHO DG	<b>Process</b>	Meetings, Telephone conferences
<b>Experts involved</b>	David Nabarro, Amir Mahmoud Abdulla, Walid Ammar, Ted Chaiban, Michael von Bertele, Yves Daccord, Michael Gerber and others <a href="#">(20 in total)</a>	<b>Background</b>	UN, Governments, Foundations, Academia, NGOs
<b>Mission</b>	<i>“WHO must be prepared to undertake a profound organizational transformation, rather than piecemeal reform. WHO must reposition and refashion the way it contributes to the management of risks to people’s health, to responses to infectious risks and disease outbreaks, and to ensuring access to health care and assistance in acute and protracted emergencies.” Advisory Group</i>		
<b>Focus areas</b>	Guidance to WHO on the Reform of the Organization’s Work in Outbreaks and Emergencies with Health and Humanitarian Consequences		
<b>Key Recommendations</b>		<b>Publication date</b>	Jan 2016 Report
<b>WHO</b>			
<ol style="list-style-type: none"> <li>1. WHO’s work in outbreaks and emergencies should be part of core mandate, becoming an operational organization, recalibrating relationships with Member States</li> <li>2. Structure and functions of the programme: independent risk assessment, International Health Regulations, incorporate R&amp;D functions</li> <li>3. Strengthen lines of authority and communication in incident management systems to improve coordination between WHO, ROs and COs and with partner organizations</li> <li>4. WHO’s strategic collaborations: analysis of stakeholders and networks, identification of national Health Cluster partners and building of coordination capacity, supporting health workforces and technical networks</li> <li>5. Develop business processes for human resources and financial management to permit the realization of the performance benchmarks</li> <li>6. Predictable and reliable financial resources are needed for a viable programme; identification of new donors suggested</li> <li>7. More efficient use of resources, increase accountability, improve cost-effectiveness</li> <li>8. Implementation of an independent oversight body for WHO’s work in outbreaks and emergencies</li> <li>9. Ambitious roll-out of the new Programme with a special attention to establishing an independent and transparent evaluation process</li> </ol>			
<b>Comment</b>			

## 11. Commission on a Global Health Risk Framework for the Future

Commission on a Global Health Risk Framework for the Future			
<b>Initiated by</b>	National Academy of Medicine, Wellcome Trust, USAID, philanthropic and government organizations	<b>Process</b>	Expert Panel, Workshops (> 250 presenters)
<b>Main experts involved</b>	Peter Sands, Jeremy Farrar, Maria Freire, Julio Frenk, Jeannette Vega, Victor Dzau, Chris Elias, Judith Rodin and many others	<b>Background</b>	<a href="#">GHRF</a>
<b>Mission</b>	<i>"The cornerstones of the proposed framework must be the creation of a strong, independent WHO center to lead outbreak preparedness and response, and an expert body to galvanize the research and development of vaccines, therapies, diagnostics and other tools" J. Farrar</i>		
<b>Focus areas</b>	Neglected Dimension of Global Security, A framework to counter infectious diseases crisis		
<b>Key Recommendations</b>		<b>Publication date</b>	March 2016 <a href="#">Report</a>
<b>WHO</b>			
<ul style="list-style-type: none"> <li>• Strengthen WHO's leadership role</li> <li>• Creation of a WHO Centre for Health Emergency Preparedness and Response</li> <li>• Increase in Member States core contributions</li> <li>• Establishment of a contingency fund</li> <li>• UN / WHO coordination mechanisms for global health crisis</li> <li>• Improve WHO collaboration with networks and other partners</li> <li>• World Bank and IMF funding</li> </ul>			
<b>IHR</b>			
<ul style="list-style-type: none"> <li>• Definition and benchmarks for national core PH capabilities and infrastructure based on IHR</li> <li>• Evaluation of country performance by an external assessment process</li> <li>• Participation will be prerequisite for Health Systems funding by World Bank &amp; other donors</li> <li>• IMF to include pandemic preparedness in country assessments</li> <li>• Development of national action plans including domestic financing</li> </ul>			
<b>GH Security</b>			
<ul style="list-style-type: none"> <li>• WHO should establish an independent Pandemic Product Development Committee (PPDC)</li> <li>• PPDC would coordinate and maintain portfolio of projects for \$1 billion / year committed by Global R&amp;D stakeholders</li> <li>• Promote R&amp;D approaches of high standards during crisis, engage local scientists and community members</li> </ul>			
<b>GH Governance</b>			
In relation to the suggested framework UNSG, UN, G7 & G20 should ensure: <ol style="list-style-type: none"> <li>1. Implementation</li> <li>2. Financial Resources</li> <li>3. Progress Monitoring</li> </ol>			
<b>Comment</b>			
<i>The Commission was initiated and supported by a wide range of stakeholders, presented an overarching framework closely linked to work of WHO and the World Bank, addressing the recommendations not only to the UN system and its member states, but also directly to the G7/G20 groups.</i>			

## 12. WHO Ebola Interim Assessment Panel

WHO Ebola Interim Assessment Panel			
<b>Initiated by</b>	WHO DG	<b>Process</b>	Meetings, Field Visits, Interviews
<b>Experts involved</b>	Barbara Stocking, Jean-Jacques Muyembe-Tamfun, Faisal Shuaib, Carmencita Alberto-Banatin, Julio Frenk, Ilona Kickbusch	<b>Background</b>	Academia, Government
<b>Mission</b>	<i>"The Panel firmly believes that this is a defining moment not only for WHO and the global health emergency response but also for the governance of the entire global health system. The challenges raised in this report will be critical to the delivery of the sustainable development goals."</i>		
<b>Focus areas</b>	WHO's Ebola response (including UNMEER activities)		
<b>Key Recommendations</b>		<b>Publication date</b>	July 2015 <a href="#">Report</a>
<b>WHO</b>			
<ul style="list-style-type: none"> <li>• WHO must re-establish itself as the authoritative body communicating on health emergencies &amp; develop an organizational culture accepting its role</li> <li>• Member States should increase assessed contributions by 5 % and support contingency fund &amp; increase political will</li> <li>• Establish a WHO Centre for Emergency Preparedness and Response with an independent board</li> <li>• Strengthen WHO Country offices and ensure appropriate community engagement</li> <li>• WHO should play a central convening role in research and development efforts</li> </ul>			
<b>IHR</b>			
<ul style="list-style-type: none"> <li>• Plan for developing IHR core capacities for all countries, co-financed by World Bank</li> <li>• Strengthening of all levels of WHO</li> <li>• Incentives for countries to notify public health risks to WHO</li> <li>• Disincentives to discourage countries from taking interfering measures (e.g., trade, traffic)</li> <li>• Consider intermediate level of PH emergency of international concern</li> </ul>			
<b>GH Security</b>			
<ul style="list-style-type: none"> <li>• UNSG Panel should put global health issues at the center of global security agenda</li> <li>• Appointment of a Special Representative of the UNSG or a UN Special Envoy during global public health crisis</li> <li>• UNSG Panel &amp; OCHA should improve understanding of the special nature of health risks, IHR and PHEIC within the wider UN system</li> </ul>			
<b>GH Governance</b>			
<ul style="list-style-type: none"> <li>• Facilitate better interagency collaboration within the broader humanitarian system</li> <li>• Ensure that staff and stand-by partners have a better understanding of the humanitarian system</li> <li>•</li> </ul>			
<b>Comment</b>			

### 13. Review Committee on the Functioning of the International Health Regulations (2005) in the Ebola Outbreak and Response (2016)

<b>Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation (2016)</b>			
<b>Initiated by</b>	World Health Assembly à WHO DG	<b>Process</b>	Review Committee
<b>Main experts involved</b>	Didier Houssin (Chair), Karen Tan (Vice-Chair), Helen Rees (Rapporteur) Salah Al Awaidy, Preben Aavitsland, Hanan Balkhy et al.	<b>Background</b>	<a href="#">IHR RC</a>
<b>Mission</b>	<ul style="list-style-type: none"> <li>To review the functioning of the IHR during the Ebola response; and</li> <li>The status of implementation of the relevant recommendations of previous IHR Review Committees.</li> </ul>		
<b>Focus areas</b>	IHR, Preparedness, Alert, Response		
<b>Conclusions</b>		<b>Publication date</b>	May 2016 <a href="#">Report</a>
<ul style="list-style-type: none"> <li><i>The failures in the Ebola response did not result from failings of the IHR themselves, but rather from a lack of implementation of the IHR.</i></li> <li><i>Full implementation of the IHR must be the urgent goal of all countries as this is the collective means to improve global public health preparedness and improve the safety of the world's population.</i></li> <li><i>Full implementation of the IHR, however, cannot be achieved without significantly greater funding and cannot be achieved in a very short timeframe because of the systemic improvement required in many States Parties.</i></li> <li><i>Partnerships are critical to implementing the IHR and improving global public health preparedness and response.</i></li> <li><i>Implementation of the IHR should not be seen as an end point in a process, but rather as a cycle of continuous improvement in public health preparedness, in which the development and maintenance of IHR core capacities are embedded in essential health systems strengthening.</i></li> </ul>			
<b>Key Recommendations</b>			
<b>WHO</b>			
<ul style="list-style-type: none"> <li>Improve WHO's risk assessment and risk communication</li> <li>Strengthen WHO's capacity and partnerships to implement the IHR and to respond to health emergencies.</li> </ul>			
<b>IHR</b>			
<ul style="list-style-type: none"> <li>Implement rather than amend the IHR</li> <li>Finance IHR implementation</li> <li>Increase awareness of the IHR and reaffirm the lead role of WHO within the UN system.</li> <li>Introduce and promote external assessment of core capacities</li> <li>Strengthen National IHR Focal Points</li> <li>Prioritize support to the most vulnerable countries</li> <li>Boost IHR core capacities within health systems strengthening</li> </ul>			
<b>GH Security</b>			
<ul style="list-style-type: none"> <li>Develop a Global Strategic Plan to improve public health preparedness and response</li> <li>Improve rapid sharing of public health and scientific information and data</li> </ul>			
<b>Comment</b>			

## 14. Report of the Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation (2015)

Report of the Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation (2015)			
<b>Initiated by</b>	WHA / DG	<b>Process</b>	
<b>Main experts involved</b>	Didier Houssin, Ximena Aguilera, Andrew Forsyth, Idris Al-Abaidani, Martin Cetron et al.	<b>Background</b>	<a href="#">IHR RC</a>
<b>Mission</b>	To provide advice on requests from States Parties on second extensions (2014 – 2016) for establishing the core capacities to detect and respond to events as specified by Annex 1 of the IHR and on how to better strengthen and assess IHR core capacities in the short- and long-term.		
<b>Focus areas</b>	IHR, Preparedness, Alert, Response		
<b>Key Recommendations</b>		<b>Publication date</b>	January 2015 <a href="#">Report</a>
<b>IHR</b>			
<ol style="list-style-type: none"> <li>States Parties that have indicated they have met the minimum core capacity requirements should be commended for their considerable efforts.</li> <li>All States Parties that have requested a second extension (or do so at a future date) should be granted the extension for 2014–2016.</li> <li>States Parties that have not communicated their intentions to WHO should be reminded of the importance of transparency</li> <li>States Parties, stakeholders, and donor programmes should be encouraged to provide technical and financial assistance as needed.</li> <li>The Committee recommends <b>States Parties</b> to: <ol style="list-style-type: none"> <li>Review, and where appropriate, strengthen and empower NFPs to enable effective performance of key IHR functions, facilitate decision making and ensure high level support for multi-sectoral communication and cooperation</li> <li>Support the formation of multidisciplinary outbreak investigation and response teams, including animal health expertise where appropriate</li> <li>Foster an operational approach in which cooperation between countries, results in practical and sustainable solutions to surveillance, laboratory, and other capacities in small islands and other small States</li> <li>Use a risk assessment approach to prioritize public health threats, capacity gaps and to identify priority points of entry for designation and capacity building</li> <li>Build the confidence of health care workers through policy measures that promote protection of and respect for health care workers' rights.</li> </ol> </li> <li>The Committee also recommends to the <b>DG</b> to consider establishing technical working groups to: (a) Strengthen data management capacities and practices; and (b) Review the lessons learned from current and past experience with public health measures that have had negative implications for travel, transport and trade</li> <li>The Review Committee recommends that the Director-General consider a variety of approaches for the shorter- and longer-term assessment and development of IHR core capacities..</li> <li>A comprehensive, time-phased, prioritized plan for continued implementation and maintenance of the IHR to guide longer-term capacity development for the IHR should be developed</li> <li>The Review Committee recommends that the Director-General encourage dialogue among States Parties and public and private partners, including large NGOs, to improve cooperation and assistance</li> <li>The Review Committee encourages the States Parties to support WHO through financial and staffing resources</li> </ol>			
<b>Comment</b>			

## 15. Lancet Independent Panel on the Global Response to Ebola (Harvard, LSHTM)

<b>Lancet Independent Panel on the Global Response to Ebola (Harvard, LSHTM)</b>			
<b>Initiated by</b>	The Lancet, Harvard Global Health Institute & London School of Hygiene and Tropical Medicine	<b>Process</b>	Expert Panel (Academic inst., Think Tanks, CSO)
<b>Main experts involved</b>	Suerie Moon, Peter Piot, Ashish K. Jha, Devi Sridhar, Mosoka Fallah, David P Fidler, Laurie Garrett, Eric Goosby, David L Heymann, Kelley Lee, J Stephen Morrison and others (20 in total)	<b>Background</b>	<a href="#">LSHTM / Harvard Lancet</a>
<b>Mission</b>	<i>"The AIDS pandemic put global health on the world's agenda. The Ebola crisis in West Africa should now be an equal game changer for how the world prevents and responds to epidemics."</i> P. Piot		
<b>Focus areas</b>	Analysis of global response to 2014-2015 Ebola outbreak in West Africa / WHO		
<b>Key Recommendations:</b> Roadmap to Strengthen the Global System for Outbreak Prevention and Response		<b>Publication date</b>	January 2016 <a href="#">Report</a>
<b>WHO</b>			
<ul style="list-style-type: none"> <li>• A new deal for a more focused, appropriately financed WHO</li> <li>• Good governance of WHO through decisive, time-bound reform and assertive leadership</li> </ul>			
<b>IHR</b>			
<ul style="list-style-type: none"> <li>• Develop a global strategy to invest in, monitor and sustain national core capacities</li> <li>• Strengthen incentives for early reporting of outbreaks and science-based justifications for trade and travel restrictions</li> <li>• Create a unified WHO Center with clear responsibility, adequate capacity, and strong lines of accountability for outbreak response</li> <li>• Broaden responsibility for emergency declarations to a transparent, politically protected Standing Emergency Committee</li> </ul>			
<b>GH Security</b>			
<ul style="list-style-type: none"> <li>• Institutionalize accountability through an independent commission for disease outbreak prevention and response</li> </ul>			
<b>GH Governance</b>			
<ul style="list-style-type: none"> <li>• Sustain high-level political attention through a Global Health Committee of the Security Council</li> <li>• Develop a framework of rules to enable, govern and ensure access to the benefits of research</li> <li>• Establish a global fund to finance, accelerate and prioritize R&amp;D</li> </ul>			
<b>Comment</b>			
<i>This Lancet Commission included a group of mainly Anglo-American experts from world-leading institutions. There were hardly any experts from the affected countries in West Africa directly involved in the deliberations.</i>			

## 16. Review Committee on the Functioning of the International Health Regulations (2005) in relation to Pandemic (H1N1) 2009

<b>IHR Review Committee in relation to Pandemic (H1N1) 2009</b>			
<b>Initiated by</b>	WHA / WHO DG	<b>Process</b>	Review Committee
<b>Main experts involved</b>	Harvey V. Fineberg (Chair)	<b>Background</b>	<a href="#">IHR RC</a>
<b>Mission</b>	1) Assess the functioning of the International Health Regulations (2005) 2) Assess the ongoing global response to the pandemic H1N1 (including the role of WHO) 3) Identify lessons learned important for strengthening preparedness and response for future pandemics and public-health emergencies		
<b>Focus areas</b>	IHR, Preparedness, Alert, Response		
<b>Conclusions</b>		<b>Publication date</b>	May 2011 <a href="#">Report</a>
<p><i>The IHR helped make the world better prepared to cope with public-health emergencies. The core national and local capacities called for in the IHR are not yet fully operational and are not now on a path to timely implementation worldwide. WHO performed well in many ways during the pandemic, confronted systemic difficulties and demonstrated some shortcomings. The Committee found no evidence of malfeasance. The world is ill-prepared to respond to a severe influenza pandemic or to any similarly global, sustained and threatening public-health emergency. Beyond implementation of core public-health capacities called for in the IHR, global preparedness can be advanced through research, reliance on a multisectoral approach, strengthened health-care delivery systems, economic development in low and middle-income countries and improved health status.</i></p>			
<b>Key Recommendations</b>			
<b>IHR</b>			
<ol style="list-style-type: none"> <li>1. Accelerate implementation of core capacities required by the IHR.</li> <li>2. Enhance the WHO Event Information Site.</li> <li>3. Reinforce evidence-based decisions on international travel and trade.</li> <li>4. Ensure necessary authority and resources for all National IHR Focal Points.</li> <li>5. Strengthen WHO's internal capacity for sustained response.</li> <li>6. Improve practices for appointment of an Emergency Committee.</li> <li>7. Revise pandemic preparedness guidance.</li> <li>8. Develop and apply measures to assess severity.</li> <li>9. Streamline management of guidance documents.</li> <li>10. Develop and implement a strategic, organization-wide communications policy.</li> <li>11. Encourage advance agreements for vaccine distribution and delivery.</li> <li>12. Establish a more extensive global, public-health reserve workforce.</li> <li>13. Create a contingency fund for public-health emergencies.</li> <li>14. Reach agreement on sharing of viruses and access to vaccines and other benefits.</li> <li>15. Pursue a comprehensive influenza research and evaluation programme.</li> </ol>			
<b>Comment</b>			